PATENT APPLICATION SERIAL NO.	
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## U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE FEE RECORD SHEET

04/28/2004 HDEMESS1 00000046 090456 10709315

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770.00 DA

PTO-1556 (5/87)

## Electronic Filing System (EFS) Data Electronic Patent Application Submission USPTO Use Only

EFS ID:

59941

Application ID:

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Title of Invention:

STOP MOTION IMAGING DETECTION SYSTEM AND

**METHOD** 

First Named Inventor:

Frederick Kern

Domestic/Foreign Application:

**Domestic Application** 

Filing Date:

2004-04-28

**Effective Receipt Date:** 

2004-04-28

Submission Type:

**Utility Patent Filing** 

Filing Type:

new-utility

Confirmation number:

3314

**Attorney Docket Number:** 

BUR920030046US1

Total Fees Authorized:

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Payment Category:

**Deposit Account** 

Deposit Account Number:

90456

Deposit Account Name:

Anthony J. Canale

Access Code:

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**RAM Payment Status:** 

RAM has been failed because:

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Trademark Office,ou=Department of Commerce,o=U.S. Government,c=US Certificate Message Digest: 1a2381b64e39e81550d4e7f26b5d49234e71e64c

## Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

10709315

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CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL E	NTITY	OR		R THAN ENTITY
TOTAL CLAIMS			17					RATE	FEE	7	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		ŀ	BASIC FE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			IF minus 20=		. 9			X\$ 9=		OR	X\$18=	<del> </del> -
INI	DEPENDENT (	CLAIMS	2 m	inus 3 =	. 0			X43=	<del> </del>	┪`	X86=	<del> </del>
ML	JLTIPLE DEPE	NDENT CLAIM P	RESENT	<u></u>				743-	<del> </del>	OR	X00=	
							+145=		OR	+290=		
* If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL		OR	TOTAL	770	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMALL	ENTITY	OR	OTHER SMALL		
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT A	Total		Minus	**		=		X\$ 9=		OR	X\$18=	
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٩	FIRST PRESE	ENTATION OF MI	JLTIPLE DEF	PENDENT	CLAIM		<b> </b>			1		<del> </del>
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FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=	
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Ξ  -		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	R	PRESENT EXTRA		RATE	ADDI- FEE		RATE	ADDI- TIONAL FEE
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1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					$\vdash$			OR			
,	<b></b>			_				145=		OR	+290=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."							AD	TOTAL DIT. FEE		OR A	TOTAL ODIT. FEE	
T	he *Highest Num	ber Previously Paid	For (Total or I	independent	) is the t	ighest number (	found	in the appr	opriate box	in colui	าก 1.	